



ENVIRONMENTAL HEALTH OFFICES

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TOURIST ACCOMMODATION APPLICATION

Application Date _____

Type of Tourist Accommodation (Check One): Hotel (No. of Rooms _____) Motel (No. of Rooms _____)
 Bed and Breakfast Inn (No. of Rooms _____) Cabins (No. of Rooms _____)
 Campground (No. of Spaces _____) RV Park (No. of Spaces _____)

Water Supply: Public EPD Permitted Well MOU Well **Will food be served at this location:** Yes No

Sewage Disposal: Sewer On-site (Septic) **Will there be a pool/spa at this location:** Yes No

FACILITY INFORMATION

Facility Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Fax () _____ Property Tax ID _____
(District-Land Lot-Parcel)

OWNER INFORMATION

Must be either a valid corporation which is registered with the Georgia Secretary of State's office or owner's personal name. This information cannot be changed once the facility is permitted. If changed after permitting, it will be considered a change of ownership and all plan review and permitting fees will apply.

CORPORATION NAME OR LLC (If Applicable) _____

OWNER'S PERSONAL NAME _____

Type of Government Issued Identification (ID) _____ ID Expiration Date _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Work () _____ FAX () _____ Other () _____

E-mail _____

BILLING INFORMATION

(Please note this is the address where all bills and permits will be mailed.)

Facility Name _____ Attention _____

Address _____

City _____ State _____ Zip _____

E-mail _____

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APPLICANT/AUTHORIZED AGENT INFORMATION

Any change to the owner's name constitutes a change in ownership. Any change in owner/ownership will require a new application, plan review, and permitting fee. Permits are not transferable from owner to owner or location to location. Continued operation without a valid permit is a violation of the Rules and Regulations for Tourist Accommodations Chapter 511-6-2 and may result in legal action.

I, _____, affirm that all the information provided in this application (including the
(Legal Name of Applicant)

Verification of Residency and all supporting documents) is true to the best of my knowledge. I understand that any misrepresentation, omission, or concealment of material facts is grounds for denial or revocation of my Tourist Accommodation Permit. I have read and agree to abide by the Department of Public Health, Rules and Regulation for Tourist Accommodations, Chapter 511-6-2.

Applicant Signature _____ Date _____

Applicant's Phone Number _____

Applicant's affiliation with facility (check one): Owner Contractor Architect Expeditor Other _____

Office Use Only: COO NEW Inspector Area _____

PR1 PR2 PR3 PR4 PR5 Desk Duty Initials _____

TOURIST ACCOMMODATION REQUIREMENTS FOR PLAN REVIEW AND PERMIT APPLICATION

A. General Instructions:

- a) Any person operating a tourist accommodation shall obtain and display a valid DPH tourist accommodation permit issued by the local Health Authority.
- b) Plans and specifications for remodeling tourist accommodations and construction of new tourist accommodations must be submitted for review and approval prior to construction. If no construction changes will be made to an existing building, the requirement for plans will be at the discretion of the local Health Authority.
- c) To qualify for an operational permit, an applicant shall:
 - i) be an owner of the tourist accommodation;
 - ii) allow access to the tourist accommodation;
 - iii) provide all information as required on the application;
 - iv) pay all applicable local and state fees at the time the application is submitted; and
 - v) score 100% on the permitting inspection for newly constructed facilities.
- d) Prior to the issuance of a tourist accommodation permit to new or existing establishments, the applicant shall provide evidence of satisfactory compliance with the provisions of this chapter and all other provisions of laws that apply:
 - i) to the location,
 - ii) construction and maintenance of the tourist accommodation establishment
 - iii) and the safety of persons therein.
- e) Upon receipt of an application for a permit, the local Health Authority Representative will review the application and take actions to approve or deny the permit in accordance with the provisions of O.C.G.A. Chapter 31-28 and 511-6-2, Rules and Regulations for Tourist Accommodations.

B. Plan Review Process:

- a) Plans must be submitted and approved before beginning construction of the tourist accommodation.
- b) The plans shall indicate the proposed layout and arrangement of rooms in the establishment and what each room is used for. Mechanical and plumbing details must be shown as well as construction materials to be used on floors, walls, and ceilings.
- c) Additional plans for a kitchen will be required if food is prepared and served to guests. The plans shall indicate the proposed menu or list of foods to be served, floor plan layout,

arrangement of equipment, HVAC and plumbing, construction materials and finish schedule, the type and model of proposed fixed equipment and facilities, and the anticipated service volume per day.

- d) If swimming pools or spas are planned, properly prepared plans and specifications must be submitted to the local Health Authority for review, approval, and issuance of a construction permit as per applicable rules and regulations governing public swimming pools.
- e) The owner or authorized representative must coordinate with all internal programs relevant to the project such as On-site Sewage Management, Non-Public Water, Swimming Pools, and Food Service to obtain applicable approvals.
- f) Applicants shall obtain approval from all other agencies having jurisdiction over the project. Although complete plans are required for submission, only those items noted in the chapter will be reviewed by the Local Health Authority.

C. Permit Application Process:

- a) Application for a permit to operate such tourist accommodation shall be made in duplicate on forms provided by the Department. The following must be submitted and validated for the application to be considered complete:
 - A completed application
 - A completed notarized residency affidavit
 - Ownership is valid per the Georgia Secretary of State
 - Scaled drawings (for NEW CONSTRUCTION and REMODEL applications)
- b) The forms shall be completed in all details and signed by the applicant or authorized agent and submitted at least ten days before the scheduled opening.
- c) The original shall be filed with the Health Authority in the county where the facility is located.
- d) The Health Authority shall grant the permit or write a statement detailing the reasons for denial. The permit or statement shall be forwarded to the tourist accommodation operator.
- e) Permits shall expire upon change of ownership, location, or change in type of operation. A "change of ownership" means the transfer of a 50% interest or greater in the tourist accommodation to a person or entity not holding a current interest.
- f) A signed certificate of occupancy or evidence of approval by all other local agencies with jurisdictions over construction, zoning, and safety must be approved before permit issuance by the local Health Authority Representative.
- g) The permit shall be void when the tourist accommodation ceases to operate or moves to another location. The operator shall be responsible for notifying the Health Authority

when the Tourist Accommodation ceases to operate and for removing the invalid permit from the facility.

- h) After a Tourist Accommodation permit has been issued by the Health Authority, any significant or material change of the Tourist Accommodation's physical layout that would alter the interior or exterior structural blueprint of the facility may invalidate the permit. Unless prior approval has been obtained from the Health Authority, the facility shall maintain the physical layout shown within the approved plans and specifications of the Tourist Accommodation at the time of permit issuance.
- i) Operators shall notify the Health Authority before any structural, material or equipment changes to obtain approval if necessary.